

Checklist for Sales Team Member Opening Distributorship

Particulars		Yes	No
Distributorship Form			
1	14 Mandatory fields on Page 1 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	4 Mandatory fields on Page 2 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	2 Mandatory fields on Page 3 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	6 Mandatory fields on Page 4 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	4 Mandatory fields on Page 6 filled up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signature of representative added on Page 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Photograph of representative affixed on Page 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signature of representative added on Page 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supporting Documents			
	ID Proof (Aadhaar Card/ Passport/ Driving License)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on ID proof tallies with PAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of Address Proof (Aadhaar Card/ Passport)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on address proof tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Address on address proof tallies with PAN / License	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of PAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on PAN tallies with ID proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of GST Certificate (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on Certificate tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of Pesticide License	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on license tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	License is valid on the date of form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If not, proof of application for renewal has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed copy of Pesticide License	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on license tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	License is valid on the date of form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If not, proof of application for renewal has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Statement of primary bank account(s) of business	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name on account tallies with ID Proof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Period is for last 3 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Primary bank account of business with significant transactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Signed and stamped	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Blank Cheques	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3 cheques	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Not of any cooperative banks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Contains valid signature of representative and stamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Contains no date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Is not crossed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Security Deposit has been collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Existing Distributor of UACI Seeds & Biotech/ Swarna Seeds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Effect on Existing Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name of the nearest distributors (can be more than 1):	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Distance from the nearest distributors:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Proposed Business Volume for this FY (in Rs Lakhs) 10L
 Credit Limit Required (in Rs Lakhs) 3Lac

Approved By: (all forms have to be approved by respective GICs)
 Name of Company Official Signature of Company Official

17. The company will not accept any such damaged materials, the company follows a Sales Return policy of this policy for matters relating to sales return and obtain prior approval of the company. The company will not provide any credit for material returned in violation to its Sales Return policy.
18. The Distributor is required not to enter into any financial transactions with any member of the sales team without specific written instructions in form of material or funds. All such transactions will be considered as personal and unsanctioned and the company will not be liable for the outcome of such transactions.
19. The Distributor will not handover any material to any member of the sales team without specific written instructions issued by the Head Office of the company.
20. The Distributor is required to maintain the integrity of the packaging in which the products are supplied by the company at all times and is required not to tamper with the packets, designs, logos and trademarks of the company in any way. Any unauthorized use of the company's designs, logos and trademarks will be counted as an infringement of intellectual property rights of the company.
21. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Return Credit Notes and others with respect to its transactions with the company. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST.
22. The company will share with the Distributor, an Account Statement at the end of every 6 months either on registered email or through any other preferred mode of communication. However, the Distributor can ask for updated account statement at any time by sending email at customer.care@universalagri.in or by calling Customer Care Helpline at +91 8336929010.
23. The company will share with the Distributor, a Confirmation of Accounts at the end of each financial year either on registered email or through any other preferred modes of communication. The Distributor is required to review account statement and reconcile the balance on the statement with the balance in his books of accounts. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the Company.
24. In addition to these, the company may from time to time issue communications on these and/or other business policies which may, from the date of such communication, supersede any business practices or policies previously followed by the company including but not limited to the ones mentioned above.
25. Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal.

I, MD. NAJRUL ISLAM acting on behalf of M/S MD NAJRUL
 (Name of Representative*) (Name of Distributor*)

hereby acknowledge that
 1. I have read, understood and agreed to all the terms and conditions of business
 2. All information provided in this form as well as in the enclosed documents, if any, are provided by me and are to the best of my knowledge and understanding

MD. NAJRUL ISLAM
MD Najrul Islam
 (Signature of Representative of Distributor*)
Proprietor

MD. NAJRUL ISLAM
MD Najrul Islam
 (Stamp of Distributor*)
Proprietor

Name of Company Official	Signature of Company Official
<i>Sachan Biswas</i>	<i>[Signature]</i>



PART D: FINANCIAL INFORMATION OF A

30) Primary Bank Account of Business*:
 Name of the Bank: **CENTRAL BANK OF INDIA**
 Name & address of Branch: **PARANPUR MALDA-732204**
 IFSC Code of Branch: **CBIN0282140** Type of Account: Savings/Current
 Account No: **3870254849**

31) Does the applicant have CC/OD facility from any bank*? Yes / No
 If Yes, Name of Bank: _____
 Name & address of Branch: _____
 CC/OD Limit (Approx. in Rs lakhs): _____ / RTGS
 Security Deposit* of Rs. **100000** paid through Cheque No. _____

32) Is the Office/ Shop used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size **10** **18** Address: **PARANPUR EDGAHA**

33) Is the Godown used by the Distributor, owned by the Distributor*? Yes / No
 If Yes, approx. size **20** **35** Address: **PARANPUR EDGAHA**

34) Number of staff employed by the applicant: _____

35) Does the applicant own any 2-wheeler? Yes / No
 If Yes, Number of such vehicles **131** used for Business / Personal / Both

36) Does the applicant own any 4-wheeler? Yes / No
 If Yes, Number of such vehicles _____ used for Business / Personal / Both

37) Brief details of property owned by the applicant*:
 Does the applicant own any land parcels? Yes / No
 Does the applicant own any house property? Yes / No

Part E: List of Documents to be Provided

Signed, sealed and dated Distributorship Form along with the following mandatory documents	
For Proprietorship	<ol style="list-style-type: none"> Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License) Signed copy of Address Proof (Aadhaar Card/ Passport) Signed copy of PAN Signed copy of GST Certificate (if applicable) Signed copy of Pesticide License Signed copy of Micronutrient License Statement of primary bank account(s) of business evidencing debit transactions, for the last 3 months
Additional documents for Partnership Firm	<ol style="list-style-type: none"> Signed copy of registered partnership deed Authorization from all partners allowing representative to act and sign the firm
Additional documents for Private Limited Company	<ol style="list-style-type: none"> Signed copy of Memorandum and Articles of Association BOD resolution allowing representative to act and sign on behalf of the company

Customer Care

Email ID: uaci.ngp2@gmail.com / customer.care@universalagri.in

Mobile No: +91 7410040857 / 8336929010

PART B: BUSINESS BACKGROUND

13) Year of Establishment: 1961
 14) Number of years for which you are dealing in Fertilizers / Microorganisms: 54
 15) Are you a distributor of any other company dealing in Fertilizers / Microorganisms? Yes / No
 16) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (in years)	Key Products Sold Last Year	Approximate Turnover Last Year

17) Are you a Distributor of any other company dealing in Microorganisms? Yes / No
 18) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (in years)	Key Products Sold Last Year	Approximate Turnover Last Year

19) Details of important markets/ regions in your area:

Name of the Market/ Region	Your approx. turnover from the market/ region	No. of your Retailers at the market/ region	Name of Key Retailers
PARANPUR	2 LAKH	5	1. ENDRANGUL 2. SARDAR SAHAI 3. MANGAL RAM 1. MANGAL RAM 2. UMESH GUPTA
ARAIDANGA	1 LAKH	3	1. SARDAR SAHAI 2. PARANPUR 3. T
MIRJATPUR	1 LAKH	2	

20) Are you involved in any other businesses related to agriculture? Yes / No
 If yes, please share if you are dealing in
 Fertilizers as Distributor of _____
 Seeds as Distributor of _____
 Others (specify) _____

21) Are you involved in any other businesses NOT related to agriculture? Yes / No
 If yes, please share broad overview of the nature of business _____

MAJ. 121 12121 1212

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1212121

23) Which are the main Crops that are cultivated in this area?

Type	Crop	Approx Area	Approx Volume
Field Crops	MAIZE	2	2 LAKH
Field Crops	JUTE	2	1 LAKH
Vegetables	TOMATO	3	3 LAKH
Vegetables			
Others	PADDY	1	1 LAKH
Others			

24) Which are the key Herbicides sold in this area?

Molecules	Crops	Key Brands	Approx Volume
PACAPAT	ALL	GRAMAXONE	2 LAKH

25) Which are the key Fungicides sold in this area?

Molecules	Crops	Key Brands	Approx Volume
MANCOZEB	ALL	DITHANE-M45	1 LAKH

26) Which are the key Pesticides sold in this area?

Molecules	Crops	Key Brands	Approx Volume
EMAMECTIN	ALL	TRUST	2 L

27) Which are the key Micronutrients/ Crop supplements sold in this area?

Products	Crops	Key Brands	Approx Volume
EZYME	ALL	ENZYME	2 L

28) What is your sales plan for our products in the near future?

Name of the Product		Quantity
		Year 1
Herbicides	OGLIT	1 LAKH
Herbicides	QUICK	1 LAKH
Fungicides	UNIMOX	50
Fungicides	SPUR-907	1 LAKH
Pesticides	EMZO, SWORD	1.5 LAKH
Pesticides	PANCHTARA	50
Micronutrients	GALAXY, UNIZYME GOLD	1 LAKH
Micronutrients	CHAKACHAK, DEVIL	1 LAKH

29) Please share if you have any suggestions to improve business



UNIVERSAL AGRO CHEMICAL INDUSTRIES

16 No., India Exchange Place, 3rd Floor, Room No. 6,
Kolkata – 700001, West Bengal, India

Website: www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP

PART A: Basic Information of Applicant

- 1) Name of the Organization* **MS MD NAJRUL**
- 2) Full Postal Address for correspondence*
Type of Location: Office Shop Godown Residence
Street Name **VILL-PARANPUR UPORTOLA**
RS-PUKHURIA
- 3) Name of Representative* Proprietor Managing Partner Director Authorized Signatory
MD NAJRUL ISLAM
- 5) Telephone No:
Office /Shop Landline: (STD Code) **8116891589**
Residence Landline: (STD Code)
Mobile*: +91 **8116154848** WhatsApp Mobile: +91 **8116154848**
Email ID*: **MDNAJRUL909@GMAIL.COM**
- 6) Preferred mode of communication: Email Ph Whatsapp
- 7) Income Tax Permanent Account No*: **BCGPN3562D**
- 8) Is the applicant registered under GST*: Yes No
- 9) If yes, is the applicant registered under Composite Scheme of GST: Yes No
- 10) GST No **19BCGPN3562D1ZL**
- 11) Pesticide Licence No* **16131107932287812** Valid Up to* **LI/FE/T**
Issued By **34544**
- 12) Micronutrient Licence No* **F12181** Valid Up to* **31/03/2**
Issued By

Signature and Photograph of Person Authorized to Represent the Applicant



Name* **MD NAJRUL ISLAM**

Gender*: Male Female

Relationship with applicant*: Owner Partner Director

MD. NAJRUL ISLAM
Signature*

Date:

1
Proprietor